



Town of Lexington
Land Use, Health and Development Department
Office of Public Health
1625 Massachusetts Avenue
Lexington, MA 02420
(781)-698-4533
Fax (781)-861-2780

Permit Number: _____

Issued Date: _____

Permit Fee: _____

Check #: _____

Gerard F. Cody, R.E.H.S./R.S.
Health Director x 84503

Kathy P. Fox, R.E.H.S. /R.S., C.H.O., CP-FS
Environmental Health Agent x 84507

David Neylon, B, S.N., R.N.
Public Health Nurse x 84509

Board of Health

Wendy Heiger-Bernays, PhD, Chair
Sharon Mackenzie, R.N., CCM
Burt M. Perlmutter, M.D.
David S. Geller, M.D.
John J. Flynn, J.D.

Food Establishment Permit to Operate Application, 105 CMR 590.12

Establishment Name:	
Establishment Address:	
Establishment Phone Number:	
What is the best mailing address for you to receive the permit, applications or other documents?	
Email Address for Owner:	
24 Hour Emergency Email Address for Food Safety Recalls / Notifications:	
Legal Owner(s) / Applicant Name & Title:	Phone:
24 Hour Emergency Phone:	
Address of Legal Owner(s) / Applicant :	
Person Directly Responsible For Daily Operations, (PIC) Name & Title:	
24 Hour Emergency Phone for PIC:	
Email Address for PIC:	
Number of Persons who are Certified Food Protection Managers: _____	
Note: Provide paper copies of Serve Safe or Food Protection certificates with the renewal application.	
Number of seats: ____ If number of seats more than 25, one person per shift must be trained in choke saving. One Person (per shift) Trained in Choke Saver Procedures: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Note: Provide paper copies of Choke Saver certificates with the renewal application.	
Check all categories that best describes your establishment: <input type="checkbox"/> Daycare <input type="checkbox"/> School	
<input type="checkbox"/> Fast Food/ Take Out <input type="checkbox"/> Restaurant <input type="checkbox"/> Institution <input type="checkbox"/> Retail Market <input type="checkbox"/> Caterer	
<input type="checkbox"/> Nursing Home <input type="checkbox"/> Corporate Cafeteria <input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Hotel/Motel /Inn / Lodging	
<input type="checkbox"/> Place of Worship /Function Hall <input type="checkbox"/> Bakery <input type="checkbox"/> Coffee Shop <input type="checkbox"/> Pizza Shop	
<input type="checkbox"/> Convenience Store <input type="checkbox"/> Frozen Yogurt/Ice Cream shop <input type="checkbox"/> Buffet self- service <input type="checkbox"/> other	
Days and hours of operation :	

Answer the following questions to complete the application:

For establishments serving food, a plan is in place for excluding and restricting food employees from working if they become ill or they live with a person who is ill with a disease which is transmissible through food. If the employee becomes symptomatic, they will need to be excluded from work. *For more information, see FC 2-201.12, Exclusions and Restrictions, (105 CMR 590.003(D)).* ☐ Yes, a plan is in place ☐ No, we may need assistance in developing a plan.

For establishments serving food, provide the number of persons who have completed Allergen Awareness Training: _____. Note: Provide paper copies of Allergen Awareness training certificates with the renewal application.

For establishments serving food, a plan is in place in case of an emergency, (*power outage, sewer back up, water service interruption or fire*). A Food Emergency plan is in place to keep the food safe and prevent any food borne illness to the public. In addition, I understand that the *Person In Charge* is required to contact the Lexington Health Division when experiencing an emergency so that the Health Division is aware of the food establishment's response activities.

☐ Yes, a plan is in place ☐ No, we may need assistance in developing a plan.

In addition to the requirements of 105 CMR 590.000, there are Lexington Board of Health regulations known as Articles. Below, you will find a list of the Articles specific to food establishments in Lexington: Article I, *Persons with Bare Feet*, (§155, 1-7), Article XI, *Dumpsters*, (§155, 81-82), Article XIII, *Food Establishments*, (§155, 96-98), Article XVIII, *Grease Interceptor Requirements for Food Service Facilities*, (§155, 136-153). The Articles are available by contacting the Health Division or by using the Health Division website.

☐ Yes, I am aware of the Local Regulations ☐ No, I was not aware of the Local Regulations.

Annual inspections based on your risk level; your food establishment will receive anywhere between 1 and 4 unannounced comprehensive food code inspections. They may take place during your food preparation times before or after your normal hours of food service. The expectation is that the food protection manager will greet the Health Inspector and provide access to the establishment as needed. For more information, see FC §8-402.11.

Acknowledgment

I have read the contents of this Food Permit Renewal Application, and I understand and agree to the provisions listed in the Lexington Articles related to Food Service. I also understand that no food service related equipment will be replaced or renovation work will be done in the food establishment before completing a food plan review process with written approval from the Lexington Health Division.

I attest to the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with 105 CMR 590.000 and all other applicable law. I have been instructed by the Board of Health on how to obtain copies of 105 CMR 590.000 and the Federal Food Code.

Pursuant to MGL Ch62C, sec 49A, I certify under penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state taxes required under law.

Name: _____

Title: _____

Signature of Individual or Corporate Name: _____

Date: _____

Social Security Number or Federal ID No: _____